

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/541422

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51							
2		1		1			52							
3		2		1			53							
4	1		1				54							
5		1		1			55							
6	1		1				56							
7	1		1				57							
8	1		1				58							
9							59							
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44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	↓	5	↓		↓		TOTAL IND.	↓		↓		↓		
TOTAL DEP.	←	3	←		←		TOTAL DEP.	←		←		←		
TOTAL CLAIMS		8					TOTAL CLAIMS							

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